



Swimming Pool Operator Permit Card Application

Social Security #: _____ - _____ Date of Birth: ____/____/____

Last Name: _____ First Name _____

Street Address: _____

City: _____ State: ____ Zip: _____

Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Did you take a pool operator's class?

Yes__ No__ Where: _____

When did you complete the class? Date ____/____/____

Are you certified in another county?

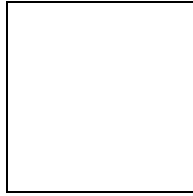
Yes__ No__ Where: _____

What pool management company do you work for?

What pool(s) will you be working at?

Your Signature _____ Date ____/____/____

OFFICE USE ONLY



Test Score: _____

Card #: _____

Approved By: _____

Date Issued: ____/____/____